# FORM D

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Section

AUG 1 1 2008

UNITED STATES 144 2896 SEC SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6) AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

Washington, DC

OMB APPROVAL OMB NUMBER: 3235-0076 July 31, 2008 Expires: Estimated average burden hours per response,.

| SEC US  | E ONLY |
|---------|--------|
| Prefix  | Serial |
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| Date Re | ceived |
| I       | 1      |

| Name of Offering ( check if this is an Sale of Limited Partnership Interests in C          | amendment and name has changed, and indicate change. Concept Ventures Parallel Fund, L.P.                                     | PROCESSED   |
|--|---|---|
| Filing Under (Check box(es) that apply):   |   | Section 4(6) ULOE                                     |
| Type of Filing:   New Filing   A   | mendment  | ₹ AUG 1 4 2008  |
| **   | A. BASIC IDENTIFICATION DATA  | AUU 1 42000   |
| 1. Enter the information requested about th  | e issuer  | TION DELITEDS   |
| Name of Issuer ( Check if this is an am CONCEPT VENTURES PARALLEL FU                       | endment and name has changed, and indicate change.) JND, L.P.   | THOMSON REUTERS                                       |
| Address of Executive Offices 4800 Great America Parkway, Suite 530,                        | (Number and Street, City, State, Zip Code) Santa Clara, California 95054  | Telephone Number (Including Area Code) (650) 575-5739 |
| Address of Principal Business Operations<br>(if different from Executive Offices)<br>Same  | (Number and Street, City, State, Zip Code)  | Telephone Number (Including Area Code)                |
| Brief Description of Business<br>Venture Capital Investment                                |   | 08057833  |
| Type of Business Organization  |   |   |
| ☐ corporation☐ business trust  | <ul><li>☑ limited partnership, already formed</li><li>☐ limited partnership, to be formed</li></ul>                           | other (please specify):                               |
| Actual or Estimated Date of Incorporation of Jurisdiction of Incorporation or Organization | or Organization:  n: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction) | ⊠ Actual    □ Estimated                               |

# GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:          | □ Promoter         | ☐ Beneficial Owner            | ☐ Executive Officer | ☐ Director | ☑ General and/or Managing Partner    |
|------------------------------------|--------------------|-------------------------------|---------------------|------------|--------------------------------------|
| Full Name (Last name first, if ind | ividual)           |                               |                     |            | 3 3                                  |
| Concept Ventures Parallel Man      | agement, L.L.C.    |                               |                     |            |                                      |
| Business or Residence Address      | (Numbe             | er and Street, City, State, 2 | (ip Code)           | •          |                                      |
| 4800 Great America Parkway, 5      | Suite 530, Santa C | lara, California 95054        |                     |            |                                      |
| Check Box(es) that Apply:          | ☑ Promoter         | ☐ Beneficial Owner            | ☐ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, if ind | ividual)           | ,                             |                     |            | -                                    |
| Julien Nguyen                      |                    |                               |                     |            |                                      |
| Business or Residence Address      | (Numbe             | er and Street, City, State, 2 | Lip Code)           |            |                                      |
| 4800 Great America Parkway,        |                    |                               |                     |            |                                      |
| Check Box(es) that Apply:          | □ Promoter         | ⊠ Beneficial Owner            | ☐ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, if ind | ividual)           |                               |                     |            |                                      |
| Almon, William Joseph              |                    |                               |                     |            |                                      |
| Business or Residence Address      | (Numbe             | er and Street, City, State, 2 | Lip Code)           |            |                                      |
| 10570 Blandor Way, Los Altos I     | Hills, CA 94024    |                               |                     |            |                                      |
| Check Box(es) that Apply:          | ☐ Promoter         | ■ Beneficial Owner            | ☐ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, if ind | iviđual)           |                               |                     |            |                                      |
| Almon Ventures LLC                 |                    |                               |                     |            |                                      |
| Business or Residence Address      | (Numbe             | er and Street, City, State, 2 | (ip Code)           | ········   |                                      |
| 9533 Mountain Ridge Drive, Bo      | ulder, CO 80302-9  | 339                           |                     |            |                                      |
| Check Box(es) that Apply:          | □ Promoter         | ■ Beneficial Owner            | ☐ Executive Officer | ☐ Director | General and/or Managing Partner      |
| Full Name (Last name first, if ind | ividual)           |                               |                     |            |                                      |
| Cremer, Patricia Almon             |                    |                               |                     |            |                                      |
| Business or Residence Address      | (Numbe             | er and Street, City, State, Z | (ip Code)           |            |                                      |
| 181 Coventry Court, San Carlos     | s, CA 94070        |                               |                     |            |                                      |
| Check Box(es) that Apply:          | ☐ Promoter         | ■ Beneficial Owner            | ☐ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, if ind | ividual)           |                               |                     |            |                                      |
| Martin Family Trust 2008, date     | d July 2, 2008     |                               |                     |            |                                      |
| Business or Residence Address      | (Numbe             | er and Street, City, State, Z | Lip Code)           |            | ******                               |
| 225 Wylie Road, Saxonburg, PA      | 16056              |                               |                     |            |                                      |
| Check Box(es) that Apply:          | ☐ Promoter         | □ Beneficial Owner            | ☐ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, if ind | ividual)           |                               |                     |            | 5 5                                  |
| Business or Residence Address      | (Numbe             | r and Street, City, State, Z  | ip Code)            |            |                                      |
|                                    |                    |                               |                     |            |                                      |

|  |  |  |   | B. INF                                | ORMATIC                       | )N ABOU'                   | r offeri                      | NG                           |                               |                             |                         |              |
|--|--|--|---|---------------------------------------|-------------------------------|----------------------------|-------------------------------|------------------------------|-------------------------------|-----------------------------|-------------------------|--------------|
| 1. Has the is  | suer sold, o                                 | r does the is                                  | ssuer intend                                  | l to sell, to                         | non accredi                   | ted investor               | s in this of                  | ering?                       | **********                    |                             | Yes                     | No<br>⊠      |
|  |  |  | Ans   | wer also in                           | Appendix,                     | Column 2,                  | if filing une                 | der ULOE.                    |                               |                             |                         |              |
| 2. What is th  | e minimum                                    | investmen                                      | t that will b                                 | e accented                            | from any in                   | dividual?                  |                               |                              |                               |                             | s                       |              |
| Z. What is u   | ic iiiiiiiiiiiiiiiiii                        | i ilivestilieli                                | t that will b                                 | c accepted                            | nom any m                     | aividuai                   |                               |                              |                               |                             | ⊸——<br>Yes              | No           |
| 3. Does the offering permit joint ownership of a single unit?      |  |  |   |                                       |                               |                            |                               |                              | 8                             |                             |                         |              |
| 4. Enter the remuneration agent of a brupersons to be Full Name (L | for solicita<br>oker or deal<br>listed are a | ition of pure<br>er registered<br>issociated p | thasers in co<br>d with the S<br>ersons of su | onnection v<br>SEC and/or             | vith sales of<br>with a state | securities<br>or states, I | in the offeri<br>ist the name | ing. If a per<br>of the brol | rson to be li<br>ker or deale | isted is an a<br>r. If more | associated<br>than five | d person or  |
| Business or I  | Residence A                                  | ddress (Nu                                     | mber and S                                    | treet, City,                          | State, Zip C                  | Code)                      |                               |                              |                               |                             |                         |              |
|  |  |  |   |                                       |                               |                            |                               |                              |                               |                             |                         |              |
| Name of Ass  | ociated Bro                                  | ker or Deal                                    | er  |                                       |                               |                            |                               |                              |                               |                             |                         |              |
|  |  |  |   |                                       |                               |                            |                               |                              |                               |                             |                         |              |
| States in Wh   |  |  |   |                                       | Solicit Purc                  |                            |                               |                              |                               | _                           | All State               | ec           |
| [AL]   | [AK]   | [AZ]   | [AR]  | [CA]                                  | [CO]                          | [CT]                       | (DE)                          | [DC]                         | (FL)                          | [GA]                        | (HI)                    | cs<br>[ID]   |
| (IL)   | [IN]   | [IA]   | [KS]  | [KY]                                  | [LA]                          | [ME]                       | [MD]                          | [MA]                         | [MI]                          | [MN]                        | [MS]                    | [MO]         |
| [MT]   | [NE]   | [NV]   | [NH]  | [NJ]                                  | [NM]                          | [NY]                       | [NC]                          | [ND]                         | [OH]                          | [OK]                        | [OR]                    | [PA]         |
| [RI]   | [SC]   | [SD]   | [TN]  | [TX]                                  | [UT]                          | [VT]                       | [VA]                          | [WA]                         | [WV]                          | [WI]                        | [WY]                    | [PR]         |
| Full Name (L<br>Business or F                                      |  |  |   | treet, City,                          | State, Zip C                  | Code)                      | <del></del>                   |                              |                               |                             |                         | Portoria.    |
| Name of Ass  | ociated Bro                                  | ker or Deal                                    | er  | · · · · · · · · · · · · · · · · · · · |                               |                            |                               |                              |                               |                             |                         |              |
| Name of Ass  | ociaica bio                                  | iker or Dear                                   | Çı  |                                       |                               |                            |                               |                              |                               |                             |                         |              |
| States in Wh   |  |  |   |                                       |                               |                            |                               |                              |                               |                             |                         |              |
|  |  |  |   |                                       |                               |                            |                               |                              |                               |                             | All State               |              |
| [AL]<br>[IL]   | [AK]<br>[IN]                                 | [AZ]<br>[IA]                                   | [AR]<br>[KS]                                  | [CA]<br>[KY]                          | [CO]<br>[LA]                  | (CT)<br>[ME]               | [DE]<br>[MD]                  | [DC]<br>[MA]                 | [FL]<br>[MI]                  | [GA]<br>[MN]                | [HI]<br>[MS]            | [ID]<br>[MO] |
| [MT]   | [NE]   | [NV]   | [NH]  | [K1]                                  | [NM]                          | [NY]                       | [NC]                          | [ND]                         | [OH]                          | [OK]                        | [OR]                    | [PA]         |
| [RI]   | [SC]   | [SD]   | [NT]  | [TX]                                  | [UT]                          | IVT                        | [VA]                          | [WA]                         | [WV]                          | [WI]                        | [WY]                    | [PR]         |
| Full Name (L   |  |  |   |                                       | . ,                           |                            |                               | . ,                          |                               | • • • •                     | <del></del>             |              |
|  |  |  |   |                                       |                               |                            |                               |                              |                               |                             |                         |              |
| Business or F  | Residence A                                  | ddress (Nu                                     | mber and S                                    | treet, City,                          | State, Zip C                  | ode)                       |                               | ·                            |                               |                             |                         |              |
|  |  |  |   |                                       |                               |                            |                               |                              |                               |                             |                         |              |
| Name of Ass  | ociated Bro                                  | ker or Deal                                    | ег  |                                       |                               |                            |                               |                              |                               |                             |                         |              |
| States in Whi  |  |  |   |                                       | Solicit Purc                  |                            |                               |                              |                               |                             | All State               |              |
| (Clieck  | [AK]   | [AZ]   | [AR]  | [CA]                                  | [CO]                          | [CT]                       | [DE]                          | [DC]                         | [FL]                          | [GA]                        | [HI]                    | cs<br>[ID]   |
| [IL]   | (IN)   | [IA]   | [KS]  | [KY]                                  | [LA]                          | [ME]                       | [MD]                          | [MA]                         | [MI]                          | [0/1]<br>[MN]               | [MS]                    | [MO]         |
| [MT]   | [NE]   | [NV]   | [NH]  | [LN]                                  | [NM]                          | [NY]                       | [NC]                          | [ND]                         | [OH]                          | [OK]                        | [OR]                    | [PA]         |
| [RI]   | [SC]   | [SD]   | [TN]  | [TX]                                  | [UT]                          | [VT]                       | [VA]                          | [WA]                         | [WV]                          | [WI]                        | [WY]                    | [PR]         |

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# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount

| Type of Security  | Aggregate<br>Offering Price | Amount Already<br>Sold                   |
|---|-----------------------------|--|
| Debt  | \$                          | <b>\$</b>                                |
| Equity  | \$                          | <b>S</b>                                 |
| □ Common □ Preferred  |                             |  |
| Convertible Securities (including warrants)   | \$                          | \$                                       |
| Partnership Interests   | \$_10,000,000               |  |
| Other (Specify)   | \$                          | \$                                       |
| Total   | \$ 10,000,000               |  |
| Answer also in Appendix, Column 3, if filing under ULOE.  |                             |  |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."         | Number<br>Investors         | Aggregate<br>Dollar Amou<br>of Purchases |
| Accredited Investors  | _6                          | \$792,000                                |
| Non-accredited Investors  | _0                          | \$_0                                     |
| Total (for filings under Rule 504 only)   |                             | \$                                       |
| Answer also in Appendix, Column 4, if filing under ULOE.  |                             |  |
| If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.   |                             |  |
| Type of offering  | Type of                     | Dollar Amou                              |
| Rule 505  | Security                    | Sold<br>\$                               |
| Regulation A  |                             | \$                                       |
| Rule 504  |                             | \$                                       |
| Total   |                             | \$                                       |
| a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |  |
| Transfer Agent's Fees   |                             | s  |
| Printing and Engraving Costs  |                             | \$                                       |
| Legal Fees  |                             | \$ 20,000                                |
| Accounting Fees   |                             | <b>\$</b>                                |
| Engineering Fees  |                             | s  |
| Sales Commissions (specify finders' fees separately)  |                             | s  |
| Other Expenses (identify)   |                             | s  |
| Total   |                             | \$ 20,000                                |

| C. OFFERING PRICE  | E, NUMBER OF INVESTORS, EXPENSES AND USE  | OF P   | ROCEEDS  |             |                       |
|--|---|--------|--|-------------|-----------------------|
| b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." |   |        |  |             |                       |
| used for each of the purposes shown. If the estimate and check the box to the left of the  | proceeds to the issuer used or proposed to be<br>amount for any purpose is not known, furnish an<br>estimate. The total of the payments listed must equal                                   |        |  |             |                       |
| the adjusted gross proceeds to the issuer set  | forth in response to Part C - Question 4.b above.   |        | Payments to<br>Officers,<br>Directors, &<br>Affiliates | ı           | Payments To<br>Others |
| Salaries and fees  |   | ā      | <b>s</b>   | 0           | \$                    |
| Purchase of real estate  |   |        | <b>s</b>   | מ           | <b>s</b>              |
| Purchase, rental or leasing and installati   | ion of machinery and equipment  |        | <b>S</b>   |             | \$                    |
| Construction or leasing of plant building  | gs and facilities   |        | s  |             | <b>s</b>              |
|  | ing the value of securities involved in this for the assets or securities of another  |        |  | _           | •                     |
|  | or the assets or securities of another  |        | <u>s</u>   |             |                       |
| * -  |   |        | <u>s</u>   |             |                       |
|  |   |        | <u>s</u>   |             |                       |
| Other (specify):   |   |        | 2  |             | 2                     |
|  |   |        | s  | 0           | s                     |
|  |   |        | s  | ×           | \$_9.980.000          |
| Total Payments Listed (Column totals a   | added)  |        | ⊠ \$_  | <u>9,98</u> | 0.000                 |
|  | D. FEDERAL SIGNATURE  |        |  |             |                       |
|  |   |        | Glad ander But   | - 50        |                       |
| following signature constitutes an undertak  | gned by the undersigned duly authorized person. If this not<br>sing by the issuer to furnish to the U.S. Securities and Excha<br>issuer to any non-accredited investor pursuant to paragrap | inge ( | commission, up   | ол ч        | ritten request        |
| ssuer (Print or Type)  | Signature   |        | Date   |             | <u> </u>              |
| Concept Ventures Parallel Fund, L.P.   | July 22, 2001   | 3      |  |             |                       |
| Name of Signer (Print or Type)   | Title of Signer (Print or Type)   |        |  |             |                       |
| Julien Nguyen  | Managing Member of the General Partner, Concept V   | entur  | es Parailel Ma   | nage        | ment, L.L.C.          |
|  |   |        |  |             |                       |



| ATTENTION |  |
|-----------|--|
|-----------|--|

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)